

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09784645	FILING DATE 02/22/01			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1							51			
2							52			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5									
TOTAL DEP.	2									
TOTAL CLAIMS	7									